		PAIENI	Effec	RD	10649293									
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
	T	OTAL CLAIMS	8	8				RATE	FEF	OR	PATE	T	EE	
	F	OR .		NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	375.0	OB	BASIC FEE	╂	0.00
	T	OTAL CHARGE	TAL CHARGEABLE CLAIMS		8 minus 20=		* Ø		X\$ 9=		7	7010	$\vdash$	<u>.</u>
	INDEPENDENT CLAIMS			) minus 3 =		* 6		+		-	OR	<b></b>	├-	
	M	JLTIPLE DEPE	NDENT CLAIM P	RESENT	<del>-</del>	П		-	X42=		OR	X84=	├-	
	* If the difference in column 1 is less than				Zoro, optor "O" in column O			L	+140=		ОЯ	+280=		
	* If the difference in column 1 is less than zero, enter						column 2		TOTAL	375	OR	TOTAL		
,	8-26-03 (Column 1) (Colum						(Column 3)		SMALL I	ENTITY	OR	OTHER		
Track	ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONA FEE	٦	RATE	A! TIC	DDI- DNAL
X	AMENDME	Total	* 8	Minus	#2	8	= 84		X\$ 9=	7	OR	X\$18=		EE_ l
· ·		Independent	* 1	Minus	*** 3	3	= 🕉		X42=		1	VOA		
		FIRST PRESI	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM					OR		H	<del></del>
	76							L	140=		OR	+280=		
								AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
	8		(Column 1) CLAIMS		(Colum		(Column 3)			4001	-			
			REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE	- 5	RATE	ADDI- TIONAL FEE	
	AMENDMENT	Total	*	Minus	**		=	,	<b>K\$</b> 9=		OR	X\$18=		
ı		Independent	*	Minus	###	<b></b>	=	7	X42=		OR	X84=		
ľ		FINSTPRESE	NTATION OF MI	JLTIPLE DEP	ENDENT	CLAIM		+	140=		OR	+280=		
								ADI	TOTAL		OR	TOTAL ADDIT. FEE		
	ADDIT. FEE L (Column 1) (Column 2) (Column 3)											ADDIT. PEET		-
	AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	EA USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	TIO	DI- NAL EE
		Total	*	Minus	**		2	×	<b>(\$ 9=</b>		OR	X\$18=		
		Independent	*	Minus	###		=	X	(42=			X84=		
ľ		PINST PHESE	NTATION OF ML	SLTIPLE DEP	ENDENT	CLAIM		-			OR			
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** ADDIT FEE										OR	+280=		
	mmm.	If the "Highest Nu	mber Previously Pa	id For IN THIS	S SPACE is	less than	1.3. enter *3.*	ADD	IT. FEE			TOTAL ADDIT. FEE	هر المراجعة	
L		ne rignest Nur	nber Previously Paid	found i	n the appr	opriate be	ox in coli	umn 1.						

Application or Docket Number